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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 6	
County	Maricopa		County Registered No. 6973	
District	No. 3		Local Registrar's No. 43	
Town	Lhi			
Or City				
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Emily Carol Rogers</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Female	White Indian Black Chinese Mexican	MARRIED WIDOWED or DIVORCED	1919	
DATE OF BIRTH	December 25 1918		(Month) 9 (Day) 24 (Year) 1919	
AGE	1 yrs 4 mos 14 days		I hereby certify, that I attended deceased from Apr. 24, 1919 to May 9, 1919; that I last saw her alive on May 9, 1919, and that death occurred on the date stated above at 3 P.M. The DISEASE or INJURY causing death was as follows: <u>Sho-Colitis</u> <u>Acute, (Chol. Infantum)</u>	
OCCUPATION	(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)		(Duration) yrs. mos. days	
BIRTHPLACE	(State or country) <u>Lhi Maricopa Co Arizona</u>		Was disease contracted in Arizona? <u>yes</u>	
NAME OF FATHER	<u>Isaac H Rogers</u>		If not, where? <u>Utah</u>	
BIRTHPLACE OF FATHER	<u>Utah</u>		CONTRIBUTORY	
MAIDEN NAME OF MOTHER	<u>Myra J. Sanders</u>		(Duration) yrs. mos. days	
BIRTHPLACE OF MOTHER	<u>Utah</u>		(Signed) <u>Dr. J. E. Drane</u> <u>5-9-1919</u> (Address) <u>Mesa</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Informant)	<u>Isaac H Rogers</u>		LENGTH OF RESIDENCE	
(Address)	<u>Mesa R. 78. 101 N. 1st</u>		At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
PLACE OF BURIAL OR REMOVAL	<u>Mesa Cemetery</u>		Former or Usual Residence	
DATE OF BURIAL OR REMOVAL	<u>May 10 1919</u>		Filed <u>5-9-1919</u> <u>Dr. J. E. Drane</u> Local Registrar	
UNDERTAKER	<u>W. A. Burtis & Sons Mesa</u>		Filed <u>6/7 1919</u> <u>A. B. Nichols</u> County Registrar	
ADDRESS				